



Atty. Dkt. No. 070191-0190 (15-XT-5197) JUL 21 2004

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lounsberry et al.

Title: METHOD AND APPARATUS FOR
ASSOCIATING A FIELD
REPLACEABLE UNIT WITH A
MEDICAL DIAGNOSTIC SYSTEM
AND RECORDING OPERATIONAL
DATA

Appl. No.: 09/450,264

Filing Date: 11/29/1999

Examiner: Lau, Tung S.

Art Unit: 2863

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|---|
| CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on the date below. <u>Chris Escaville</u> (Printed Name) <u>Chris Escaville</u> (Signature) <u>3/17/03</u> (Date of Deposit) |
|---|

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
Washington, D.C. 20231

Sir:

Applicants hereby appeal to the Board of Patent Appeals from the decision of
the final rejection dated December 16, 2002, of the Examiner finally rejecting Claims 1-
23.

☐ Applicant claims small entity status.

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a)
for the total number of months checked below:

☒ Notice of Appeal Fee

☒ To be paid as detailed below

☐ Not required (Fee paid in prior appeal)

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The required fees are calculated below:

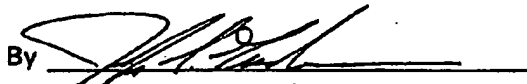
| | | |
|-------------------------------------|--|----------|
| <input checked="" type="checkbox"/> | Notice of Appeal Fee | \$320.00 |
| <input type="checkbox"/> | Extension month: | \$0.00 |
| <input type="checkbox"/> | Extension: | \$0.00 |
| | FEE TOTAL: | \$320.00 |
| <input type="checkbox"/> | Small Entity Fees Apply (subtract ½ of above): | \$0.00 |
| | TOTAL FEE: | \$320.00 |

- ☒ Please charge Deposit Account No. 07-0845 in the amount of \$320.00 . A duplicate copy of this transmittal is enclosed.
- ☐ A check in the amount of \$320.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-0845. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-0845.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 3/17/03

By 

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Customer Number: 26371



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